MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/674720

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.								
1	1		1				51							
2		1		1			52							
3							53							
4				1			54							
5				1			55							
6		1		1			56							
7		①		1			57							
8		①					58							
9		①					59							
10		①		1			60							
11		①		1			61							
12		①		1			62							
13	1		1				63							
14	1		1				64							
15	1		1				65							
16	1		1				66							
17		①		13			67							
18							68							
19							69							
20							70							
21							71							
22							72							
23							73							
24							74							
25							75							
26							76							
27							77							
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31							81							
32							82							
33							83							
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36							86							
37							87							
38							88							
39							89							
40							90							
41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	5		5				TOTAL IND.							
TOTAL DEP.	13		24				TOTAL DEP.							
TOTAL CLAIM	18		29				TOTAL CLAIMS							

PTO-1? (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS